

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	50	71058	1/17/99
O.I.P.E. CLASSIFIER			1-17
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		641694	1-9

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	10/30/94
2	10/29/94
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10	10/10/94
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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